



CITY OF RALEIGH

Request - Public Records

DATE

Today's Date: _____

NAME

First: _____

Last: _____

COMPANY

Company Name: _____

ADDRESS

Street Address: _____

Address Line 2: _____

City: _____ State: _____

Postal / Zip Code: _____

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

____ - ____ - ____

____ - ____ - ____

DESCRIPTION

*** Required** - *Description of Public Records Request*
